FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT**

1997

TIGER BAY LIMITED PARTNERSHIP

Country



Ζıρ

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

Zip

DOCUMENT # A32868

FILED 97 JAN -7 PM 12: 41 SECRETARY OF STALE TALLAHASSEE, FLORIDA



8. Make check payable to Dept. of State (See reverse side for fee information)

	CM			
Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
C/O DESTEC ENERGY. INC.	C/O DESTEC ENERGY, INC.	04/21/1992	\$5,000.00	
2500 CITY WEST BLVD SUITE 150 HOUSTON TX 77042	2500 CITY WEST BLVD. SUITE 150 HOUSTON TX 77042	3a. Date of East Report 12/28/1995	401000100	
			5b. Amount of Capital Contributions in FLORIDA	
		4. State or Country of Formation	to date:	
2. Mailing Address	2a. Principal Office Address	DE	\$55,653,669	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 76-0365985	Applied For	
City & State	City & State	10 000000	Not Applicable	
		7. Certificate of Status Desired	\$8.75 Additional	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Olfice		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Numbe Cts hardschable) -01/17/9701021020 Suite, Apt. ♥, etc. ****576.25 ****576.25		
	City Zip Code		

Country

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

MIGGI DE MEGIOTEMEN ANTO ACTIVE WITH THIS OFFICE					
11. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number		
CENTRAL FLORIDA DGE, INC	%2500 CITY WEST BL, #	HOUSTON TX	P38438		
•					
•					
•					

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12.	I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I release the Division of
	Corporations from any liability of non-compliance with Section 119,07(3)(k) in the event that the information supplied is deemed exempt from public access, I further certify that the information indicated on
	this annual report is true and accurate and that my signature shall be the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or truster
	this annual report is true and accurate and that my signature shall are the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required by a lapter 620. A shall be same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required by a lapter 620. A shall be same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required by a lapter 620. A shall be same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trusted

Charles A. Smith Assistant Secretary of Typed or Printed Name of General Partner Signing Form _ Tiger Bay Limited Partnership

Daytime Telephone Number _